

## **INSTRUCTIONS FOR BUSINESS LICENSES**

If the business is a commercial business, only the application needs to be filled out.

If the business is a home-based business, both questionnaires and the application need to be filled out.

Complete applications/questionnaires and appropriate fees must be brought to:

Department of Zoning, Building, Planning and Environmental Health  
111 Union Square Street SE  
Albuquerque, NM 87102  
(505) 314-0350

## BUSINESS REGISTRATION APPLICATION

I (owner), \_\_\_\_\_, do hereby make application to  
(Please Print)

register the business of (Type of Business) \_\_\_\_\_

FIRM NAME \_\_\_\_\_

BUSINESS ADDRESS \_\_\_\_\_  
(Include City, State & Zip Code)

MAILING ADDRESS \_\_\_\_\_  
(Include City, State & Zip Code)

Effective date of Registration \_\_\_\_\_ 20 \_\_\_\_

Expiration Date of Registration \_\_\_\_\_ 20 \_\_\_\_

NM Tax ID Number (CRS #) \_\_\_\_\_

Phone # \_\_\_\_\_

Date of Birth \_\_\_\_\_

Social Security # \_\_\_\_\_

Registration Fee: \$40.00

Signature \_\_\_\_\_

Renewal Fee: \$25.00

\_\_\_\_\_  
(For Official Use Only)

Zone Atlas Page \_\_\_\_\_

Business Lic. # \_\_\_\_\_

Zone \_\_\_\_\_

Receipt # \_\_\_\_\_

UPC # \_\_\_\_\_

Legal Description \_\_\_\_\_

Approved \_\_\_\_\_

Approved \_\_\_\_\_

\_\_\_\_\_  
Zoning Division  
Bernalillo County

\_\_\_\_\_  
Fire Department  
Bernalillo County

Approved \_\_\_\_\_

Approved \_\_\_\_\_

\_\_\_\_\_  
Environmental Health  
Bernalillo County

\_\_\_\_\_  
Building Division  
Bernalillo County

**BERNALILLO COUNTY ZONING**

**111 UNION SQUARE SE STE 100**

**ALBUQUERQUE, NM 87102**

**STATEMENT BY A PERSON PROPOSING TO OPERATE “HOME OCCUPATION” IN A  
RESIDENTIAL ZONE OF THE COUNTY OF BERNALILLO COUNTY**

- |     |  |     |    |
|-----|--|-----|----|
| 1.  | Will the business be the most important (primary) use of the property?   | YES | NO |
| 2.  | Will anyone other than people living at the residence be working at the business on this property?   | YES | NO |
| 3.  | a) Will there be stock in trade (merchandise) sold, displayed or manufactured on the premises?   | YES | NO |
|     | b) If YES, describe the activity: _____<br>_____   |     |    |
| 4.  | Will your business activity at the above address be conducted outside in the yard, patio or open courtyard?  | YES | NO |
| 5.  | Will an area equal to more than 25% of the floor area of the dwelling unit or over 600 square feet of accessory building be used to conduct business?                                      | YES | NO |
| 6.  | Will an area equal to more than 5% of the floor area of the dwelling unit be used for storage of of stock in trade?  | YES | NO |
| 7.  | Will there be external (outside) evidence of the business activity, such as commercial vehicles, storage, noise, dust, odors, noxious fumes, or other nuisances omitted from the premises? | YES | NO |
| 8.  | Will the business activity generate additional vehicular traffic?  | YES | NO |
| 9.  | Is your business activity related to health care (such as physicians and other medical occupations, nursing homes, massage therapy, etc.)?   | YES | NO |
| 10. | Will any sign on the property relating to this business have any of the following characteristics?   |     |    |
|     | a) Sign area of over 144 square inches (one square foot)?  | YES | NO |
|     | b) Sign lighted?   | YES | NO |
|     | c) Sign not attached to and parallel to wall of dwelling?  | YES | NO |
|     | d) Will there be more than on sign per dwelling?   | YES | NO |

A NO answer indicates that you will not be violating the Comprehensive Zoning Ordinance for Bernalillo County, New Mexico.

A YES answer for question 3 is acceptable for some products.

The above statement indicates an awareness by the applicant that he/she must abide by the regulations of the Bernalillo County Comprehensive Zoning Ordinance.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

Bernalillo County Fire Department  
6840 2<sup>nd</sup> Street NW  
Albuquerque, New Mexico 87107  
Phone: (505) 761-4225 - Fax (505) 761-4247

CITIZEN SELF INSPECTION

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FIRM NAME

COMMERCIAL [ ] RESIDENTIAL [ ]

PLEASE ANSWER ALL QUESTIONS BY CIRCLING **YES** OR **NO**.

1. At this time, I do not have an active business in my home  
but I wish to obtain and / or renew my license. YES NO

**PROPOSED USE OF BUSINESS**

2. Accounting, Tax Preparation, Consulting? YES NO

3. Secretarial? YES NO

4. Mail Order (Strictly Mail Order without walk-in clients)? YES NO

5. Strictly using residential address for receiving correspondence only? YES NO

6. Using home only as an office without clientele visitation? YES NO

**DOES YOUR BUSINESS APPLY TO ANY OF THE FOLLOWING?**

7. Storage of Aerosol products? YES NO

8. Aircraft refueling vehicles? YES NO

9. Aircraft repair hanger? YES NO

10. Storage of cellulose nitrate film? YES NO

11. Combustible fiber storage? YES NO

12. Combustible material storage? YES NO

13. Compressed gases – storage, transport, dispensing? YES NO

14. Dry cleaning? YES NO

15. Dust producing operations? YES NO

16. Explosives or blasting agents? YES NO

17. Fireworks storage? YES NO

18. Flammable or combustible storage? YES NO

19. Fumigation or Thermal insecticidal fogging? YES NO

20. Garage repairing of motor vehicles? YES NO

21. Hazardous materials – storage, transport on-site dispensing? YES NO

22.	High piles combustible storage?	YES NO
23.	Storage of highly toxic pesticides?	YES NO
24.	Junk Yards?	YES NO
25.	Storage of liquefied petroleum gases except for portable containers of less than 125 gallons?	YES NO
26.	Lumber yard?	YES NO
27.	Magnesium working?	YES NO
28.	Organic coatings?	YES NO
29.	Ovens, industrial baking or drying?	YES NO
30.	Places of assembly (Churches, Gymnasiums, etc.)?	YES NO
31.	Pyrotechnical special affects materials?	YES NO
32.	Spraying of dipping, utilizing flammable liquids?	YES NO
33.	Tire recapping?	YES NO
34.	Tire storage?	YES NO
35.	Waste material handling plant?	YES NO
36.	Welding & cutting operations?	YES NO
37.	Child Care – Full time care of children under the age of six (each accommodating more than five persons)?	YES NO
38.	Hospitals, sanitariums, nursing homes with non-ambulatory patients and similar establishments (each accommodating more that five persons)?	YES NO
39.	Nursing homes for ambulatory patients, homes for children six years of age or over (each accommodations more that five persons)?	YES NO

If you are conducting business which may tend to cause fire or contribute to it's spread or violates the purpose of provisions of the Uniform Fire Code (1991 Edition) or any other law or standard affecting fire safety, it will be necessary to contact our office to conduct an inspection prior to obtaining a business license. Your license will be released upon approval by the Fire Department.

**IT IS THE BERNALILLO COUNTY FIRE DEPARTMENT'S RECOMMENDATION THAT YOU KEEP FIRE EXTINGUISHER(S) AND SMOKE DETECTOR(S) IN YOUR RESIDENTIAL BUSINESS AND HAVE THEM SERVICED ANNUALLY.**

SIGNATURE:\_\_\_\_\_

DATE:\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_